

Consent for Exchange and Release of Information

App ID#:

Written consent is required to authorize CalVCP to speak with a third party on your behalf.

This consent authorizes the gathering, exchange and release of information for purposes of communicating and documenting information necessary to process a California Victim Compensation Program (CalVCP) application, including:

- CalVCP application status
- Identifying information (name, DOB, SS#, address...)
- Other information needed to review the application or bills

I authorize CalVCP to release and exchange confidential information with the following family members, friends, and/or community based organizations (CBO):

Name	Relationship or Agency (if CBO)	Address	Phone and Fax #s

The information may be shared via verbal communication, written documentation, and/or electronic transmission (email/fax).

I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time either verbally or in writing. The release may be valid for up to three (3) years.

For dependent minors or adults, the parent or legal guardian must provide his/her signature consenting for the dependent to allow CalVCP to release and exchange the above stated information.

Victim Signature	Date	Parent/Legal Guardian	Date
Print Name		Print Name	

Please mail or fax this Consent Form to:
CALIFORNIA VICTIM COMPENSATION PROGRAM
 P O Box 3036 • Sacramento, California 95812-3036
Fax: 1-866-902-8669

Privacy Notice on Collection

1. VCGCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://vcgcb.ca.gov/media/pract.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
 - b. Protect and defend the rights or property of VCGCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: 400 R Street, 5th Floor Sacramento, CA 95811, email info@vcgcb.ca.gov, call (800) 777-9229, or contact the VCGCB Privacy Coordinator at InfoSecurityandPrivacy@vcgcb.ca.gov.
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <http://vcgcb.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.